

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003469

1. Entity Name

WINTER HAVEN FREE METHODIST CHURCH, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90092 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3019 HIGHWAY 17, NORTH  
WINTER HAVEN FL 33881

3019 HIGHWAY 17, NORTH  
WINTER HAVEN FL 33881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2469816

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARNER, CHARLES W  
226 POLK CITY ROAD  
AUBURNDALE FL 33823

*RETIRED*

Name

MILDRED EHRHARDT

Street Address (P.O. Box Number is Not Acceptable)

3501 AVE R. N.W.

City

WINTER HAVEN

FL

Zip Code

33881

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Mildred Ehrhardt*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/12/02*

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete  
NAME ROGERS, RALPH  
STREET ADDRESS 315 W SMITH - P.O. BOX 25  
CITY-ST-ZIP LAKE HAMILTON FL

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T ☐ Delete  
NAME BAKER, C J  
STREET ADDRESS 223 4TH ST. -JPV  
CITY-ST-ZIP WINTER HAVEN FL

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T ☐ Delete  
NAME KING, GERALD  
STREET ADDRESS 4503 LYNCHBURG ROAD  
CITY-ST-ZIP WINTER HAVEN FL 33880

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ralph W. Rogers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/00*  
Date

*Phone - 299-3239*  
Daytime Phone #

CR2E037 (9/99)